

MISSOURI ADULT EDUCATION AND LITERACY DATA QUALITY ASSURANCE FORM

PROGRAM NAME: _____

DATE: _____

Instructions:

- Please burn a copy of your ACES.mdb database and mail it to the state office. It must arrive in the state office on or before July 31.
- Please check one of the options below, sign the document, and mail it with the ACES.mdb.

_____ My signature below is acknowledgment that the data on the enclosed CD accurately represents enrollments, assessments, and exits for our program for Fiscal Year _____, and the state database accurately reflects the same data.

_____ My signature below is acknowledgment that the data on the enclosed CD accurately represents the enrollments, assessments, and exits for our program for Fiscal Year _____, but the state database does not accurately reflect the same data.

Director's Signature _____.